Case 04-74317 Doc 1 Filed 08/27/04

Document

Entered 08/27/04 15:08:09 Desc Main Page 1 of 5

(Official Form 1) (12/03)

FORM BI	11)(12/00)			s Bankrup District of I		ourt			Voluntary Petition						
Name of Deb Robbins, I					innois	Name of Rot	' Joint Debt bbins, Tam	or (Spouse) (Las i <b>my L</b>	t, First, Middle):						
All Other Na (include marr				years		All Other Names used by the Joint Debtor in the last 6 years (include married, maiden, and trade names):									
Last four digi (if more than one	, state all):	c. No. / Com x-xx-5346	iplete EIN o	r other Tax I.D.	No.		r digits of So an one, state all		mplete EIN or other Tax LD. No.						
Street Addres 1736 Warr Rockford,	s of Debtor en Rd.		et, City, Stat	e & Zip Code):		Street Address of Joint Debtor (No. & Street, City, State & Zip Code): 1736 Warren Rd. Rockford, IL 61108									
County of Re Principal Plac			nebago				of Residenc I Place of B		nebago						
Mailing Addr	ess of Debte	σ (if differe	nt from stre	et address):		Mailing	Address of	Joint Debtor (if	different from street address):						
precedin	om street add k any applichas been doring the date o	able box) niciled or ha	Informati as had a resi n or for a le	onger part of su	il place of ich 180 d	f busines ays than	s, or princip in any othe	oal assets in this r District.	District for 180 days immediately						
☐ There is	_	_		_	neral par			pending in this II	District.  Kruptcy Code Under Which						
☐ Individu☐ Corpora☐ Partners☐ Other	tion	otor (Check	☐ Rai ☐ Sto- ☐ Cor		r	□ Ch	the apter 7 apter 9	Petition is File Cha	ed (Check one box) apter 11 Chapter 13 apter 12 reign proceeding						
Consum	<b>Natur</b> er/Non-Busir	e of Debts ( ness	(Check one	-		■ Ful	1 Filing Fee	_ ,	heck one box)						
☐ Debtor i	is a small bu	siness as de to be consid	fined in 11	oxes that apply U.S.C. § 101 If business unde	r	Mu cer	st attach sig tifying that t	ned application	ents (Applicable to individuals only.) for the court's consideration le to pay fee except in installments. m. No. 3.						
Debtor of	estimates tha estimates tha	t funds will t, after any	be available exempt prop	es only) for distribution perty is exclude unsecured cred	d and adr			s paid, there	THIS SPACEIS FOR COURT USE ONLY						
Estimated Nu	mber of Cre	ditors	1-15	16-49 50-99	100-199	200-99	1000-over								
Estimated As \$0 to \$50,000	scts \$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 ta \$10 millian	\$10.000,00 \$50 million		\$50,000,001 to \$100 million	More than \$100 million							
Estimated Def \$0 to \$50,000	hts \$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10.000,00 \$50 million		\$50,000,001 to \$100 million	More than \$100 million							

10th cial Form 1612/004-74317 Doc 1 Filed 08/27/04		3:09 Desc Main
Voluntary Petition Document (This page must be completed and filed in every case)	ዝଇଉପ୍ରିଟି છેલ્મિર્ડાનુંડ): Robbins, Matthew Robbins, Tammy L	FORM BI, Page
Prior Bankruptcy Case Filed Within Last Location	6 Vears (If more than one office and	121
Where Filed: - None -	Case Number:	Date Filed:
Pending Bankruptcy Case Filed by any Spouse, Partner, o	or Affiliate of this Debtor (If more tha	n one attach additional about
None -	Case Number:	Date Filed:
District:	Relationship:	Judge:
Sign	latures	
Signature(s) of Debtor(s) (Individual/Joint) I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.	i	nd Exchange Commission pursuan s Exchange Act of 1934 and is
request relief in accordance with the chapter of title 11, United States Code, specified in this potition.  X Signature of Debtor Matthew Robbins Signature of Joint Debtor Tammy L Robbins Telephone Number (If not represented by attorney)	(To be completed in whose debts are price of the petitioner name that I have informed the petitioner if chapter 7, 11, 12, or 13 of title 11, the explained the relief available under the explained the relief available under the state of Attorney for Debto David H. Carter 6204782	nat [he or she] may proceed under united States Code, and have each such chapter.  r(s) Date
Date Signature of Attorney	Does the debtor own or have possess a threat of imminent and identifiable safety?  ☐ Yes, and Exhibit C is attached  No	harm to public health or
Signature of Attorney for Debtor(s)  David H. Carter 6204782  Printed Name of Attorney for Debtor(s)  Rockford Bankruptcy Clinic P.C.	Signature of Non-Atta I certify that I am a bankruptcy petition § 110, that I prepared this document provided the debtor with a copy of the	IOT COM NAMED A FOR A SECOND IN THE SECOND I
Firm Name One Court Place Suite 401 Rockford, IL 61101	Printed Name of Bankruptcy Peti	ition Preparer
Address 815/956-6673 Fax: 815/966-6674	Social Security Number (Require	d by 11 U.S.C.§ 110(c).)
Telephone Number	Address	<u> </u>
Signature of Debtor (Corporation/Partnership) colare under penalty of perjury that the information provided in this ition is true and correct, and that I have been authorized to file this	Names and Social Security numb prepared or assisted in preparing a	ers of all other individuals who this document:
e debtor requests relief in accordance with the chapter of title 11, ited States Code, specified in this petition.	If more than one person prepared sheets conforming to the appropria	this document, attach additional
W	X_	
Signature of Authorized Individual	Signature of Bankruptcy Petition I	reparer
Printed Name of Authorized Individual	Date	
Title of Authorized Individual  Date	A bankruptcy petition preparer's fa provisions of title 11 and the Feder Procedure may result in fines or in U.S.C. § 110; 18 U.S.C. § 156.	ral Rudee of Donkov-to-

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Form B6D (12/03)

In re

Matthew Robbins,	Case No.
Tammy L Robbins	

Debtors

## SCHEDULE D. CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests. List creditors in alphabetical order to the extent practicable. If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity If any entity order than a spouse in a joint case may be jointly hable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "II", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three

columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME.	C O D F B T O R	Husband, Wife, Joint, or Community			U	P	AMOUNT OF	
AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)			DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND MARKET VALUE OF PROPERTY SUBJECT TO LIEN	COZH-ZOEZ	N	I SPUTED	CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECUREE PORTION IF ANY
Account No.			arrears	77	T E			
Countrywide c/o Fisher & Fisher 120 N. LaSalle St. Chicago, IL 60602		J	1736 Warren Rd. Rockford, IL		D			
A	_	L	Value \$ 103,000.00				10,000.00	0.00
Account No.  Countrywide Home Loans Box 5170 Simi Valley, CA 93062		J	mortgage 1736 Warren Rd. Rockford, IL					
			Value \$ 103,000.00	1			89,159.00	0.00
Account No.  First Northern C.U.  104 Showplace Dr.  Rockford, IL 61107			auto loan 1990 Ford Superduty, 1984 Chevrolet Corvette, 1988 Chevrolet S10 Blazer all three on one note.					
			Value \$ 16,000.00	1		1	6,639.00	0.00
Account No.			Value \$					
0 continuation sheets attached	- <u>-</u> -		(Total of t	subto his p		<del> </del>	105,798.00	<u>.</u>
			(Report on Summary of Sc		tal les	, [	105,798.00	

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Form B61 (12/09)

In re	Matthew Robbins, Tammy L Robbins		Case No.	
	· · · · · · · · · · · · · · · · · · ·	Debtors		

## SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community maybe liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE,	C O D E B	Hu H W	DATE CLAIM WAS INCURRED AND	O O	UNLICUIDAT.	S P U T E	
AND ACCOUNT NUMBER (See instructions above.)	T OR	C 1	CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	NG F		T E O	AMOUNT OF CLAIN
Account No.		"	Credit card purchases	N I	A		·
Capital One Box 85520 Richmond, VA 23286-9410		J			É		
Account No.			Credit card purchases		L		2,138.00
Control Con					ĺ		
Capital One Box 26030	I I	أرا					
Richmond, VA 23260							
							119.00
Account No.		1	collection for Swedish American	╁	╁	<del>  -</del>	
Mutual Management		-					
Box 4777		J					
Rockford, IL 61110							
							2,104.00
Account No.		$\exists$	Credit card purchases				
Providlan	- 11	-		1			
Box 9176	11	٦ĺ					
Pleasanton, CA 94566							
							995.00
1 continuation sheets attached			(Total of	Subt			5,356.00

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Form B6F - Cont. (12/03)

In re

Mat	thew	Robbins,
Tan	ımv L	Robbins

Case No	

## SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODEBTOR	C H W H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C0ZH_ZGUZH	J-CD-FZC	DISPUTED	AMOUNT OF CLAIM
Account No.	✝	H	collection	<b>-</b>   ₽	Ā		"
Rockford Mercantile Agency 2502 S. Alpine Rd. Rockford, IL 61108		J			<u>D</u>		505.00
Account No.	╁	┞	service	+-			305.00
RRWRD Box 6207 Rockford, IL 61125		J					
Account No.							350.00
Account No.							
Account No.				H			
					j		
Sheet no. <u>1</u> of <u>1</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				ubto			855.00
Troubing Consequently Chains			(Total of the Control of Summary of Section Summary	To	otal		6,211.00